PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) The Voices of the American Federation of Government Employees 80 F Street, NW ADDRESS (number and street) (Check if address is changed) Washington 20001 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Kevin@Voicesofafge.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Kevin@Voicesofafge.com (Check if address is changed) DATE 2012 C00512293 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Jeffrey David Cox Type or Print Name of Treasurer Mr. Jeffrey David Cox [Electronically Filed] 04 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

	Office			For further information contact:
i	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

		**** 1 (Paying 02/2000)	Dogg 2				
		rm 1 (Revised 02/2009)	Page 2				
		e Committee:					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)					
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)						
Nam Cand	e of didate						
	didate y Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:					
(d)			(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nnected organization is a				
		Corporation Wo Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f) This committee supports/opposes more than one Federal candidate, and is NC committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Func	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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V	Vrite or Type Committee Nam				<u> </u>
-	The Voices of t	he American Federa	ation of Gov	ernment E	Employees
6.	Name of Any Connected (Organization, Affiliated Committee, Jo	int Fundraising Repr	esentative, or Leade	ership PAC Sponsor
N	ONE				
_	<u> </u>				<u> </u>
	Mailing Address				
		0.777			
		CITY		STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
	Custodian of Records: Ide books and records.	ntify by name, address (phone number	optional) and position	on of the person in	possession of committee
	Mr. Fuger	ne Hudson			
	Full Name				
	Mailing Address	80 F Street, NW			
		Washington		DC 20001	<u> </u>
	Title or Position	CITY		STATE	ZIP CODE
	₁ Asst Treasurer	1		202	639 6438
			Telephone num	ber	
3.	Treasurer: List the name an	d address (phone number optional) o	f the treasurer of the	committee; and the	name and address of
	any designated agent (e.g.,	assistant treasurer).			
	Full Name Mr. Jeffrey of Treasurer	/ David Cox			
	Mailing Address	80 F Street, NW			
		Washingto		DC 20001	
	Title or Position	CITY		STATE	ZIP CODE
	Treasurer		Telephone numl	ber	639 - 6455

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Full Name of Designated Agent Mr. H	Kevin LaDana					
Mailing Address	80 F Street, NW					
	Washington	DC 20	0001 ZIP CODE			
Title or Position Accountant		ephone number 202	_ 639 4133			
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.						
Ma	achovia Bank					
Mailing Address	1753 Pinnacle Dr 3rd Floor					
	McLean	VA 22	2102			
	CITY	STATE	ZIP CODE			
Name of Bank, Deposi	Name of Bank, Depository, etc.					
L						
Mailing Address						
	CITY	STATE	ZIP CODE			

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: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF Hz G7 < 98 I @ 'CF' + H9 A = N5 H+CB

Form/Schedule: F1A Transaction ID:

To Whom it May Concern This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via cordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: